

(Confirm Accuracy with Patient's Medical Records)

MY PERSONAL DIABETES HEALTH CARD

Take this card to ALL healthcare appointments.

Write result of test or place a mark (X) to indicate completed.

STANDARDS OF CARE	HOW OFTEN	GOAL	DATE OF VISIT/RESULT		
A1c	2-4x/yr	Set this w/Dr. <7			
Foot Exam (Carville)	1x/yr	Discuss w/Dr.			
Eye Exam (Dilated)	1x/yr				
Flu Shot	1x/yr				
Pneumonia Shot	Initial				
Lipid Profile					
*Cholesterol	1x/yr	Less than 200 mg/dl			
*HDL (good)	1x/yr	More than 40 mg/dl men 50 mg/dl women			
*LDL (bad)	1x/yr	Less than 100 mg/dl			
*Triglycerides	1x/yr	Less than 150 mg/dl			
Kidney Function					
*Microalbuminuria	1x/yr	Less than 30 mcg/mg creatinine			

STANDARDS OF CARE	HOW OFTEN	GOAL	DATE OF VISIT/RESULT							
Weight	Each visit	Discuss w/ Provider								
Foot Inspection	Each visit	Discuss w/ Provider								
Blood Pressure	Each visit	Less than 130/80 mmHg								
Stop Smoking Discussion	Each visit									
Pre-Pregnancy & Family Planning Counseling	As Needed									
Diabetes Education	Update Yearly									
Dental Check	Every 6 months									
Your Self-Management Goals										
Date of Next Visit										

*Blood sugar targets:

Fasting and pre meal: _____ 2 hours after meal: _____ bedtime: _____

Carry a list of your medications and take medication bottles to Dr.'s appointment

My Diabetes Health Care Team Information

Name

Phone

Doctor _____

Care Coordinator _____

Pharmacist _____

Foot Doctor _____

Eye Doctor _____

Dentist _____

Call **1 800 Diabetes (342-2383)** for diabetes information
Go to **www.diabetes.org** for online information

I Have Diabetes

I may be having a low blood sugar reaction to insulin or a diabetes pill.

If I cannot be awakened or cannot swallow, do not try to give me anything to drink. **Call 911.**

If I'm awake but acting strangely, give me some regular soft drink, juice, milk, hard candy, or some sugar. If I do not get better within 15 minutes, call 911 or get me to a hospital.



MY PERSONAL DIABETES HEALTH CARD

Name _____

Address _____

Phone # _____

In Case of Emergency, contact _____